LOCAL GOVERNMENT (VaRISK 2) MEMBER EXPOSURE UPDATE FORM

P. (O. Box	of Risk Management x 1879 nd, VA 23218-1879 804) 371.8400						
A.	Ins	icant Information: ured Name dress						
		ntact Person						
В.	Pleas	e check all that apply:						
	1. 2. 3. 4. 5. 6. 7.	City, Town, County Library Airport Authority Economic Development Corporation Water & Sewer District Redevelopment Authority Industrial Development Authority		11.	School Social Service A Community Ser Law Enforceme Other	vice Board	Facility	
C.	Pleas	e complete the following, as applical	ble:					
	1. 2. 3. 4.	Operating Budget: Operating Expenditures: Number of Students: Population for City/Town or County Population < 2,500 2,501-50,000 50,001-100,000	y: 100,001- 250,0 >250,000	000				
	5.	Number of full-time, salaried employ Attorneys: Engineers: Other:	Accountants: Architects:					
	6.	Indicate elected or appointed official	dicate elected or appointed officials:					
		Mayor: President/Chairman of County Com City Manager or County Administra		Cit	y Council Person y/County Clerk: rsonnel Director:			
	7.	Does the organization require each of good and /or services valued at \$10,0 evidence of:)			
		General Liability insurance?			Yes \square	No		

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	Pro	oduct Liability/Completed OPS						
		urance (if applicable)?	Yes \square	No				
	Pro	ofessional Liability (Malpractice)						
		urance (if applicable)?	Yes \square	No	Ш			
		orkers' Compensation insurance?	Yes \square	No	Ш			
	Au	tomobile Liability insurance?	Yes \square	No	Ш			
8.		es the organization include indemnity/hold-heement in contracts?	narmless Yes	No				
9.	Do you operate any of the following:							
	a.	Amusement parks	Yes	No				
	b.	Apartments, condominums	Yes	No				
	c.	Gardens or arboretums	Yes	No				
	d.	Campgrounds	Yes	No				
	e.	Cemeteries	Yes \square	No				
	f.	Libraries	Yes \Box	No				
	g.	Marinas	Yes \Box	No				
	h.	Museums	Yes \Box	No	\Box			
	i.	Schools	Yes \square	No				
		If yes, number of student's						
	j.	Sewer/Water Authorities	Yes	No				
	k.	Landfills-owned or operated	Yes	No				
	1.	Shooting Ranges	Yes	No				
	m.	Skating Rinks Ice or Roller	Yes	No				
	n.	Stadiums/Arenas	Yes	No				
	0.	Theaters – Live	Yes	No				
	p.	Zoos	Yes	No				
	q.	Horse/Equestrian Centers	Yes \square	No				
10.	Do you engage in any fund-raising activities?							
		If so, are employees required to be bonded?						
		If yes, what are the limits of these bonds?	\$					
11.	. Law Enforcement Operations:							
	a.	. Number of full-time officers, detectives, investigators and						
		Sergeants (including the chief, sheriff and deputies):						
	b.	<u> </u>						
	c.	1						
	or with arrest authority:							
	d.	1 , 1						
		school-crossing guards unarmed part-time/reserve/aux. officers with no arrest authority:						
	e.	Number of other unarmed personnel (included)	ded clerical					
	٥.							
	f.	cooks, and other armed personnel not include Do you have a policy and procedure manual		— No				
		If yes, give last authorized revision date:		110				

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		g. Do you have written policies governing?1. Vehicles: "hot pursuit"2. Use of deadly force?2. Use of non-deadly force?	Yes	No No No	
	1	 Do you currently purchase general liability coverage? If so, name of carrier(s) Total limits of liability? Amount of Aggregate 	\$		
D.	Me	edical Professional Liability Exposures:			
	1. 2. 3.	Number of patients seen (outpatient visits): On-site blood bank? Site of service (check all that apply): Hospital: Clinic: In-Home:	Yes	No	
	4.	Please give number of employed:			
		Physicians - general: Physicians-internal: Physicians-pediatric: Psychiatrists: Nurses: Dentists: Psychologists: Pharmacists: Nurse Practitioners: Physician's Assistants:			
	5.	Does each of the above carry other primary medical professional liability insurance? If yes, does it have a contractual	Yes	No	
		liability exclusion?	Yes	No	
	6.	Beds			
		Please give the number of bed filled annually (including any clinics or rehab centers):		-	
	7.	Veterinarians			
		Number employed:		_	

THANK YOU FOR UPDATING YOUR MEMBERSHIP FILE

Please return to Division of Risk Management promptly! If you have any questions, please call Kaye Hunt at $(804)\ 786.7146$.